

<div>FORM BAS-5 (9-21-99)</div> <div>U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU</div> <div>BOUNDARY AND ANNEXATION SURVEY American Indian Reservations and Off-Reservation Trust Lands Boundaries as of —</div>		A. American Indian reservation/trust land name		Type			
		B. County(ies), parish(es), borough(s), or other statistically equivalent area(s); and state(s) (FIPS 5 and 6 code(s))		C. Reservation/trust land FIPS 55 code(s) by state			
CENSUS USE ONLY		AIA code	State code(s)	County code(s)			
GENERAL INSTRUCTIONS		Please complete this survey form using a typewriter or ball point pen and return it together with the map within 60 days after receipt, using the enclosed preaddressed return label or envelope. Please make a copy for your records.					
NOTE		It is important that all questions are answered completely and that the statement on the map is signed, dated, and returned. Return completed material even if no changes occurred during the period shown.					
Question 1		PERSON COMPLETING THIS FORM		Question 2 MAILING ADDRESS — Please make necessary corrections.			
Signature							
Name — Print or type							
Title						Date	
Telephone —→						Area code Number Extension	
Fax —→		Area code Number		E-Mail address			
				For further information call:			
Question 3		NAME, TYPE, COUNTY, OR STATE CHANGE(S) — Please mark (X) the applicable box(es) and continue to the next question.					
a. Are the name and type (i.e., reservation, pueblo, etc.) of this American Indian reservation/trust land correct as shown in box A, above?		1 <input type="checkbox"/> Yes — SKIP to question b. 2 <input type="checkbox"/> No — Enter correction here. →		Name			
				Type			
b. Is the list of county(ies) or statistically equivalent area(s) and state(s) where this American Indian reservation/trust land is located correct as shown in box B above?		1 <input type="checkbox"/> Yes — SKIP to question 4.		2 <input type="checkbox"/> No — Enter correction in item c.			
c. Please enter the correct information AND the effective date of the change. Attach additional information if more than two corrections.		A - Add D - Delete	County or statistically equivalent area, and state		Month Day Year		
Question 4		BOUNDARY OR OTHER CHANGES WHICH OCCURRED BEFORE: Please review the enclosed map(s) and mark (X) those boxes that apply. Please use the pencils included to make any changes on the enclosed map(s).					
a. Did you add any new reservation and/or off-reservation trust land area(s) (not including drafting corrections) to those shown on the enclosed map(s)? Remember to include only those lands that became part of the reservation, or entered into trust, before the date shown for question 4.		1 <input type="checkbox"/> Yes — If the boundary change is a legal change (i.e., additions to or deletions from the reservation's land area, or placing new land area(s) into trust), please fill out Form(s) BAS-5A and UPDATE THE ENCLOSED MAP(S) USING THE COLORED PENCILS INCLUDED. MARK EACH UPDATE ON THE MAP(S) WITH THE LEGAL DOCUMENT NUMBER DESCRIBING THE CHANGE AND ITS EFFECTIVE DATE ACCORDING TO THE INSTRUCTIONS INCLUDED. Continue with part b.		2 <input type="checkbox"/> No — Continue with part b.			

b. Did you make any other corrections to the boundary(ies) of this reservation and/or off-reservation trust lands as shown on the enclosed map(s) (not including legal boundary changes)?

1 ☐ Yes — *If the boundary change is a drafting correction, PLEASE CORRECT THE ENCLOSED MAP(S) USING THE COLORED PENCILS INCLUDED. MARK EACH CORRECTION ON THE MAP(S) WITH A BC (boundary correction) ACCORDING TO THE INSTRUCTIONS INCLUDED. Continue with part c.*

2 ☐ No — *Continue with part c.*

c. Did you update or add any roads, streams/rivers, or any other physical features on the enclosed map(s)?

1 ☐ Yes — *PLEASE CORRECT THE ENCLOSED MAP(S) ACCORDING TO THE INSTRUCTIONS INCLUDED. Continue with part d.*

2 ☐ No — *Continue with part d.*

d. Did you change, add, or delete any of the addresses shown at the reservation and/or off-reservation trust land boundaries, or add any addresses for new boundaries you added to the enclosed map(s)?

1 ☐ Yes — *PLEASE CORRECT THE ENCLOSED MAP(S) ACCORDING TO THE INSTRUCTIONS INCLUDED. PLEASE SIGN THE STATEMENT ON THE ENCLOSED MAP(S).*

2 ☐ No — *PLEASE SIGN THE STATEMENT ON THE ENCLOSED MAP(S).*

SPECIAL INSTRUCTIONS *(If any)*

CENSUS USE ONLY

Date processed	S map
S/S change	O map
S/S no change	Map change
PLAT/Description	Map no change
Letter	Map signed

PLEASE SIGN AND COMPLETE QUESTION 1 AND CONTINUE ON FORM BAS-5A.